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DIVISION-CONTINUATION APPLICATION TRANSMITTAL FORM				Attorney Docket No.: A-345-A																										
08/27/97	Anticipated Classification Of This Application: Class Subclass		Prior Application: Examiner <i>D. Williams</i>		Art. Unit <i>1112997</i>																									
<p>To the Assistant Commissioner for Patents:</p> <p>This is a request for filing a <input checked="" type="checkbox"/> continuation <input type="checkbox"/> divisional application, under 37 CFR 1.60, of pending prior application Serial No. 08/474,883 filed on June 7 1995, of MARY ANN PELLEYMOUNTER, RANDY IRA HECHT and MICHAEL BENJAMIN MANN for OB PROTEIN COMPOSITIONS AND METHODS</p> <p>1. <input checked="" type="checkbox"/> Enclosed is a copy of the prior application, including the oath or declaration as originally filed. I hereby verify that the attached papers are a true copy of prior application Serial No. 08/474,833 as originally filed on June 7, 1995, and further that this Statement was made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> <p>2. <input checked="" type="checkbox"/> The filing fee is calculated below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; padding: 5px;">For</th> <th style="text-align: left; padding: 5px;">Number Filed</th> <th style="text-align: left; padding: 5px;">Number Extra</th> <th style="text-align: left; padding: 5px;">Rate</th> <th style="text-align: left; padding: 5px;">Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Claims</td> <td style="text-align: left; padding: 5px;">12</td> <td style="text-align: left; padding: 5px;">- 20 =</td> <td style="text-align: left; padding: 5px;">0</td> <td style="text-align: left; padding: 5px;">x \$22.00 = \$ 0.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Independent Claims</td> <td style="text-align: left; padding: 5px;">4</td> <td style="text-align: left; padding: 5px;">- 3 =</td> <td style="text-align: left; padding: 5px;">1</td> <td style="text-align: left; padding: 5px;">x \$80.00 = 80.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Multiple Dependent Claims</td> <td style="text-align: left; padding: 5px;">0</td> <td style="text-align: left; padding: 5px;"></td> <td style="text-align: left; padding: 5px;">+</td> <td style="text-align: left; padding: 5px;">\$260.00 = 0.00</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Basic Fee</td> <td colspan="3" style="text-align: right; padding: 5px;">\$770.00 = 770.00</td> <td style="text-align: right; padding: 5px;">Total Filing Fee \$ 850.00</td> </tr> </tbody> </table> <p>3. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application, or credit any over-payment to Deposit Account No. 01-0519 in the name of Amgen Inc. An original and one copy are enclosed.</p> <p>4. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p>5. <input type="checkbox"/> Cancel in this application original claims of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)</p> <p>6. <input checked="" type="checkbox"/> Amend the specification by inserting before the first line the sentence: This application is a <input checked="" type="checkbox"/> continuation, <input type="checkbox"/> division, of application Serial No. 08/474,833, filed June 7, 1995 which is hereby incorporated by reference</p>						For	Number Filed	Number Extra	Rate	Fee	Total Claims	12	- 20 =	0	x \$22.00 = \$ 0.00	Independent Claims	4	- 3 =	1	x \$80.00 = 80.00	Multiple Dependent Claims	0		+	\$260.00 = 0.00	Basic Fee	\$770.00 = 770.00			Total Filing Fee \$ 850.00
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EXPRESS MAIL CERTIFICATE

Express Mail mail labeling number: TB813684179

Date of Deposit: 8/27/97

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

F. Craft

Printed Name

F. Craft

Signature

PATENT APPLICATION

FEE AUTHORIZATION / EXTENSION OF TIME

Attorney's Docket No:
A-345

Serial No. 08/474,833	Filing Date June 7, 1995	Examiner Draper, G.	Group Art Unit 1812
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In Re Application of
Pelleymounter et al.For
OB PROTEIN COMPOSITIONS AND METHODS

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

- Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a):

- One month of original due date (\$110.00)
- Two months of original due date (\$390.00)
- Three months of original due date (\$930.00)
- Four months of original due date (\$1,470.00)

- A response in connection with the matter for which this extension is requested:

- is filed herewith.
- has been filed.
- The response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- The accompanying papers include amended claims for which no additional fee is required.
- The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=		x \$22	=
Indep. Claims		Minus	=		x \$80	=
Total Additional Fee for this Amendment						

*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- The following other fees are incurred by the accompanying papers.

- Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of **\$930.00**. A duplicate copy of this petition is attached.

- If an additional extension of time is required, please consider this a petition therefore.
- The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

U.S. Patent Operations/KMP
M/S 10-1-B
AMGEN INC.
Amgen Center
1840 De Havilland Drive
Thousand Oaks, California 91320-1789


Karol M. Pessin
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Registration No.:34,899
Phone: (805) 447-2193
Date: August 27, 1997

EXPRESS MAIL CERTIFICATE

. "Express Mail" mail labeling number: TB813684179

Date of Deposit: August 27, 1997

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

Printed Name

Signature

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